

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Maria Ecke

(full name of the plaintiff or petitioner applying (each person
must submit a separate application))

-against-

CV 19-23649 (RDD)

(Provide docket number, if available; If filing this with
your complaint, you will not yet have a docket number.)

Purdue Pharma et al

(full name(s) of the defendant(s)/respondent(s))

APPLICATION TO PROCEED WITHOUT PREPAYING FEES OR COSTS

I am a plaintiff/petitioner in this case and declare that I am unable to pay the costs of these proceedings and I believe that I am entitled to the relief requested in this action. In support of this application to proceed *in forma pauperis* (IFP) (without prepaying fees or costs), I declare that the responses below are true:

1. Are you incarcerated? ☐ Yes ☒ No (If "No," go to Question 2.)

I am being held at: _____

Do you receive any payment from this institution? ☐ Yes ☒ No

Monthly amount: _____

If I am a prisoner, *see* 28 U.S.C. § 1915(h), I have attached to this document a "Prisoner Authorization" directing the facility where I am incarcerated to deduct the filing fee from my account in installments and to send to the Court certified copies of my account statements for the past six months. *See* 28 U.S.C. § 1915(a)(2), (b). I understand that this means that I will be required to pay the full filing fee.

2. Are you presently employed? ☐ Yes ☒ No

If "yes," my employer's name and address are: _____

Gross monthly pay or wages: \$1669.00 Social Security

If "no," what was your last date of employment? 2006

Gross monthly wages at the time: _____

3. In addition to your income stated above (which you should not repeat here), have you or anyone else living at the same residence as you received more than \$200 in the past 12 months from any of the following sources? Check all that apply.

(a) Business, profession, or other self-employment

☐ Yes

☒ No

(b) Rent payments, interest, or dividends

☐ Yes

☒ No

- | | | |
|---|---|--|
| (c) Pension, annuity, or life insurance payments | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (d) Disability or worker's compensation payments | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (e) Gifts or inheritances | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (f) Any other public benefits (unemployment, social security, food stamps, veteran's, etc.) | <input checked="" type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (g) Any other sources | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
- only*

If you answered "Yes" to any question above, describe below or on separate pages each source of money and state the amount that you received and what you expect to receive in the future.

If you answered "No" to all of the questions above, explain how you are paying your expenses:

Social Security

4. How much money do you have in cash or in a checking, savings, or inmate account?

not much - used for expenses

5. Do you own any automobile, real estate, stock, bond, security, trust, jewelry, art work, or other financial instrument or thing of value, including any item of value held in someone else's name? If so, describe the property and its approximate value:

2 homes - I live in one and one with no tenants because a tenant destroyed my house during Covid

6. Do you have any housing, transportation, utilities, or loan payments, or other regular monthly expenses? If so, describe and provide the amount of the monthly expense:

#177.19 - because the rest is gifted for mortgage, taxes, insurance, water, electricity, oil, gas

#2856 #1866 #1200 #1500/year, 26.46 food for 6 months

8. Do you have any debts or financial obligations not described above? If so, describe the amounts owed and to whom they are payable:

Credit cards - Discover, RCT, Bank of America Best Buy \$14.50/mo. I pay the above in full

Declaration: I declare under penalty of perjury that the above information is true. I understand that a false statement may result in a dismissal of my claims.

May 13, 2022
Dated

Maria Ecke
Signature *on my meager budget*

MARIA ECKE
Name (Last, First, MI)

Prison Identification # (if incarcerated)

c/o the Office of Maria Ecke
8 Glenbrook Drive West Simsbury, CT 06092
Address City State Zip Code

860-658-7745
Telephone Number

E-mail Address (if available)